

A COMPLAINT UNDER THE CIVIL RIGHTS ACT,
42 U.S.C. §1983

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

00-4068

ALAN, BRADLY - KIRCHER)

DC# A-632683 , B-1143s)

_____)

(Enter above the full name of the
plaintiff or plaintiffs in this
action.))

v.)

Doctor - R. J. SOLORZANO)

Chief Health - Jose CRESPI)

Warden Dade CI - Denise WHITE)

(Enter above the full name of the
defendant or defendants in this
action.))

MAGISTRATE JUDGE
SORRENTINO

CIV - HUCK

Instructions for Filing Complaint by Prisoners
Under the Civil Rights Act, 42 U.S.C. §1983

This packet includes four copies of a complaint form and two copies of a forma pauperis petition. To start an action you must file an original and one copy of your complaint for each defendant you name and one copy for the court. For example, if you name two defendants, you must file the original and three copies of the complaint. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original.

The clerk will not file your complaint unless it conforms to these instructions and to these forms.

car/div Dade (1983)
Case # 00-406830
Judge Huck Mag CHS
Morn lfp NO Fee pd \$ 0
Receipt # _____

(Handwritten signature/initials)

Your complaint must be legibly handwritten or typewritten. The plaintiff or plaintiffs must sign and swear to the complaint. If you need additional space to answer a question, you may use the reverse side of the form or an additional blank page.

Your complaint can be brought in this court only if one or more of the named defendants is located within this district. Further, it is necessary for you to file a separate complaint for each claim that you have unless they are all related to the same incident or issue.

In order for this complaint to be filed, it must be accompanied by the filing fee of \$ 120.00. In addition, the United States Marshal will require you to pay the cost of serving the complaint on each of the defendants.

If you are unable to pay the filing fee and service costs for this action, you may petition the court to proceed in forma pauperis. Two blank petitions for this purpose are included in this packet. One copy should be filed with your complaint; the other copy is for your records. After filling in the petition, you must have it notarized by a notary public or other officer authorized to administer an oath.

You will note that you are required to give facts. THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.

When these forms are completed, mail the original and the copies to the Clerk of the United States District Court for the Southern District of Florida, 301 North Miami Avenue, Miami, Florida 33128-7788.

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes () No ()

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs: NO

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county): _____
3. Docket number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
6. Approximate date of filing lawsuit: _____
7. Approximate date of disposition: _____

II. Place of present confinement: Dade Correctional Institution,
Suite 300, 19000 SW 377th Street, Florida City, Florida 33034

- A. Is there a prisoner grievance procedure in this institution?
Yes (X) No ()
- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
Yes (X) No ()
- C. If your answer is YES:
 1. What steps did you take? I have filed both of 005 Informal Grievance and 303 Formal Grievance as required by the prison procedure
 2. What was the result? My Grievances were never answered, waited 25-days, no answer

Now I have turned to the Court

D. If your answer is NO, explain why not: _____

III. Parties

(In Item A below, place your name in the first blank and place your present address in the second blank. Do the same additional plaintiffs, if any.)

A. Name of plaintiff ALAN, BRADLY - KIRCZER
DA-632683, B-11435, Dade Correctional Institution
Address Suite, 300, 19000 SW 371th Street, Florida City -
Florida 33034-0530

In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of any additional defendants.

B. Defendant R. J. Solarzano doctor senior M.P.O.
is employed as doctor senior physician
at at Dade Correctional Institution - North Annex

C. Additional Defendants: _____
2) Chief Health officer - Jose Crespin
at Dade Correctional Institution - North Annex
3) Warden - Denise White
at Dade Correctional Institution Suite 100
19000 SW, 371th Street, Florida City, Florida 33034

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not

give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary.)

The Plaintiff in the foregoing complaint has Stated all the Defendants, who is employed at Dade Correctional Institution in Florida City - Florida, violated his rights by refusing him medical treatment with his pass medical record which already show there neglect in treatment the Plaintiff.

V. Relief

State briefly exactly what you want the court to do for you.

Make no legal arguments. Cite no cases or statutes.

Plaintiff is asking This Court to issue an order against the Defendants Doctor R.J. Solarzano and

Chief Health - Jose Crespin together with Warden of
Dade C.I. - Denise White in this awarding the
Plaintiff 5,000,000.00 - (Five Million Dollars),
for neglect in his care, medical treatment in
which resulted in the Plaintiff to endure physical
pain, and mental stress, and suffering for so
time now.

Signed this 23 day of Oct, 192000

x Alan B. Kircher

(Signature of plaintiff
or plaintiffs)

VERIFICATION

State of Florida)

County of Dade)

Alan B. Kircher, being first
duly sworn, under oath, says: that he is the plaintiff in this
action and knows the content of the above complaint; that it is
true of his own knowledge, except as to those matters that are
stated in it on his information and belief, and as to those
matters he believes to be true.

Alan B. Kircher
(Signature of affiant-plaintiff)

Subscribed and sworn to before me

this 23 day of Oct,

192000

Mildred Davis

